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|---|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>0110313.00135US3                |             |
| Application Number                      10/697,863-Conf. #1595  |            | Filed                                      October 30, 2003 |             |
| For     SPERM-SPECIFIC CATION CHANNEL, CATSPER1 AND USES THEREFOR   |            |   |             |
| Art Unit                      1646  |            | Examiner                      S. L. Wegert                  |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                                     |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65  | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245   | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555   | \$ 1,110.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865   | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175  | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input checked="" type="checkbox"/> Payment by credit card. <del>Form PTO-2038 is attached.</del><br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      08-0219      .<br><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number      38,349<br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34      _____   |            |   |             |
| _____/Michael J. Twomey/<br>Signature   |            | _____/May 12, 2011<br>Date                                  |             |
| _____/Michael J. Twomey<br>Typed or printed name  |            | _____/ (617) 526-6000<br>Telephone Number                   |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |             |
| <input type="checkbox"/> Total of      1      forms are submitted.  |            |   |             |